

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/043933

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		2				
5		3				
6		4				
7		5				
8		6				
9		7				
10	1		1			
11		1				
12		2				
13		2				
14		2				
15		4				
16		2				
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.				21		
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						